AMENDMENT #1-10
TO THE
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
FOR
CITY OF CASPER

EFFECTIVE: JULY 1, 2010

REVISION to the Plan Document and Summary Plan Description:

ADD the following to the **Eligibility, Funding, Effective Date and Termination Provisions** section, **Special Enrollment Periods** provision:

(3) **Medicaid and State Child Health Insurance Programs.** An Employee or Dependent who is eligible, but not enrolled in this Plan, may enroll if:

(a) The Employee or Dependent is covered under a Medicaid plan under Title XIX of the Social Security Act or a State Child Health Insurance Plan (SCHIP) under Title XXI of such Act, and coverage of the Employee or Dependent is terminated due to loss of eligibility for such coverage, and the Employee or Dependent requests enrollment in this Plan within sixty (60) days after such Medicaid or SCHIP coverage is terminated.

(b) The Employee or Dependent becomes eligible for assistance with payment of Employee contributions to this Plan through a Medicaid or SCHIP plan (including any waiver or demonstration project conducted with respect to such plan), and the Employee or Dependent requests enrollment in this Plan within sixty (60) days after the date the Employee or Dependent is determined to be eligible for such assistance.

DELETE the following from the **Schedule of Benefits** section:

Mental Disorders and Substance Abuse Treatment	
Mental Disorder Treatment	
Inpatient Hospitalization	50% after deductible $10,000 Calendar Year maximum
Partial Hospitalization (Each partial day counts as one-half inpatient day)	50% after deductible $10,000 Calendar Year maximum
Outpatient Visits	50% after deductible 50 visit Calendar Year maximum
Substance Abuse Treatment	
Inpatient Hospitalization	50% after deductible $7,500 Lifetime maximum
Partial Hospitalization (Each partial day counts as one-half inpatient day)	50% after deductible $7,500 Lifetime maximum
Outpatient Visits	50% after deductible 50 visit Calendar Year maximum

AND REPLACE WITH:

Mental Disorders and Substance Abuse Treatment	
Mental Disorder Treatment	
Inpatient Hospitalization	50% after deductible
Outpatient Facility	50% after deductible
Outpatient Physician's Office Visits	50% after deductible
Substance Abuse Treatment	
Inpatient Hospitalization	50% after deductible
Outpatient Facility	50% after deductible
Outpatient Physician's Office Visits	50% after deductible

DELETE the following from the **Medical Benefits** section, **Covered Charges** provision, under **(8) Other Medical Services and Supplies**:

(a) Treatment of **Mental Disorders and Substance Abuse**. Covered Charges for care, supplies and treatment of Mental Disorders and Substance Abuse will be limited as follows:

All treatment is subject to the benefit payment maximums shown in the Schedule of Benefits.

Physician's visits are limited to one (1) treatment per day. Each day of Partial Hospitalization counts as one-half of an inpatient Hospital day.

Psychiatrists (M.D.), psychologists (Ph.D.), counselors (Ph.D.) or Masters of Social Work (M.S.W.) may bill the Plan directly. Other licensed mental health practitioners must be under the direction of and must bill the Plan through these professionals.

AND REPLACE WITH:

(r) Treatment of **Mental Disorders and Substance Abuse**. Regardless of any limitations on benefits for Mental Disorders and Substance Abuse Treatment otherwise specified in the Plan, any aggregate lifetime limit, annual limit, financial requirement, out-of-network exclusion or treatment limitation on Mental Disorders and Substance Abuse benefits imposed by the Plan shall comply with federal parity requirements, if applicable.

Psychiatrists (M.D.), psychologists (Ph.D.), counselors (Ph.D.) or Masters of Social Work (M.S.W.) may bill the Plan directly. Other licensed mental health practitioners must be under the direction of and must bill the Plan through these professionals.

ADD the following to the **Continuation Coverage Rights Under Cobra** section:

The COBRA continuation coverage provisions of the Plan shall be administered in accordance with the requirements of the **American Recovery and Reinvestment Act of 2009 (ARRA)**, Section 3001 with respect to "assistance eligible individuals," as defined in this section. Notwithstanding any other Plan provision to the contrary, the Plan shall not take into account the period of time between the date before February 17, 2009 of original loss of coverage and the date an "assistance eligible individual" enrolls in COBRA to determine whether an individual has had a 63-day break in coverage for purposes of determining creditable coverage under the Health Insurance Portability and Accountability Act (HIPAA).

The Plan's provisions concerning COBRA are amended to allow for:

(1) payment of reduced premiums and the provision of a second election period by certain COBRA qualified beneficiaries,

(2) the provision for additional COBRA notices, and

(3) an exception to the rules for crediting certain prior coverage.

Who is eligible to receive the COBRA premium reduction? ARRA makes the premium reduction available for "assistance eligible individuals." An Assistance Eligible Individual is a COBRA qualified beneficiary who meets the following requirements:

(1) is eligible for COBRA continuation coverage at any time during the period from September 1, 2008 through May 31, 2010,

(2) elects COBRA coverage (when first offered or during the additional election period provided by ARRA); and

(3) the COBRA qualifying event is an involuntary termination of employment that occurred at some time from September 1, 2008 through May 31, 2010.

However, if the individual is eligible for other group health coverage (such as through a new employer's plan or a spouse's plan) or Medicare, he/she is not eligible for the ARRA premium reduction. This premium reduction is available for up to nine months. If your COBRA continuation coverage lasts for more than nine months, you will have to pay the full amount to continue your COBRA continuation coverage.

If, after you elect COBRA and while you are paying the reduced premium, you become eligible for other group health plan coverage or Medicare you MUST notify the plan in writing. If you do not, you may be subject to a tax penalty.

If the employee's termination of employment was for gross misconduct, the employee and any dependents generally would not qualify for COBRA or the premium reduction.

[This Plan permits you to change your coverage to a different coverage that is currently offered by the Plan, other than the coverage in which you were enrolled on the day before the event that caused the loss of coverage. The different coverage must cost the same or less than the coverage the individual had at the time of the qualifying event; be offered to active employees; and cannot be limited to only dental coverage, vision coverage, counseling coverage, a flexible spending arrangement (FSA), including a health reimbursement arrangement that qualifies as an FSA, or an on-site medical clinic.]

Electing the premium reduction disqualifies the individual for the Health Coverage Tax Credit. Additionally, certain high-income individual may have to repay the amount of the premium reduction through an increase in their income taxes. If the amount earned for the year is more than $125,000 (or $250,000 for married couples filing a joint federal income tax return), individuals may have to repay all or part of the premium reduction through an increase in their income tax liability for the year. For more information, visit the IRS web page on ARRA.

If you are denied treatment as an "assistance eligible individual" you may have the right to have the denial reviewed. For more information regarding reviews or for general information about the ARRA Premium Reduction go to: www.dol.gov/COBRA, or call 1-866-444-EBSA (3272).